MAKING HOSPITAL IN THE HOME EASIER TO SWALLOW

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OVERVIEW OF PRESENTATION

- Project background
- Aim of project
- Speech Pathologist (SP) role in Hospital in The Home (HITH)
- Method of Implementation
- Results
- Current progress of this service
- Current challenges that face Speech Pathology In HITH
- Questions/discussion
PROJECT BACKGROUND

- Literature suggests that there is a high prevalence of swallowing difficulties (~ 70%) in residents from aged care facilities. This is associated with lengthy and complex hospital admissions (Langmore 2002).

- Dysphagia (swallowing difficulty) is shown to be a contributing risk factor to the development of pneumonia and other respiratory tract infections, present with the residents in RACFs with complex needs (Langmore 2002).

- In 2015 extremely limited access to Speech Pathology services for Residential Aged Care Facility (RACF) residents in the Coffs Harbour region. This resulted in an increased number of hospital admissions for a swallowing related diagnosis i.e. aspiration pneumonia (data to follow).
AIM OF THE PROJECT

To reduce the number of RACF residents admitted to hospital with a swallow related diagnosis (i.e. aspiration pneumonia) by 65% over seven months

Overall Aim of Speech Pathology In Hospital In The Home

- To prevent/avoid hospital admissions
- To facilitate early discharge from hospitals
- Primary Focus: Residential Aged Care Facilities in Coffs Harbour
SPEECH PATHOLOGIST ROLE IN HITH

- Identify and manage high risk residents with swallow impairment

- To provide education to staff at RACFs

- To work closely with the HITH respiratory nurse on a daily basis to provide timely and early detection and management of dysphagia and respiratory complications

- To improve transition between acute care services and RACFs i.e facilitating early discharge from Coffs Harbour Base Hospital (CHBH) and providing ongoing speech pathology care at RACF

- To improve overall patient outcomes
METHOD OF IMPLEMENTATION

- Speech Pathology specific guidelines were developed including a referral risk assessment tool for timely identification and management of high risk RACF residents.

- All RACFs in the Coffs Harbour region were provided with this tool to aid in referral process and education was provided regarding the new service.

- Additional education sessions were developed and provided to RACF staff to ensure capacity building of their staff to identify and manage residents with swallowing difficulties.

- Quantitative and qualitative data was collected including RACF staff satisfaction surveys and patient stories.

- A dedicated daily swallowing service was provided. RN monitored vital signs on a daily basis as per HITH guidelines.
RESULTS (CAPTURED VIA SP DATA, CLINICAL CODING DATA, NWAU, FACILITY AND PATIENT FEEDBACK)

Better Patient outcomes:

- 79% statistically significant decrease in acute admissions from 3.6-0.9 per month for residents admitted for a swallow related diagnosis i.e. aspiration pneumonia (Figure 1)
- 54% reduction in number of RACF residents admitted to CHBH with identified dysphagia, as a comorbidity of their admission (Figure 2)
RESULTS CONTINUE

Better Patient outcomes (continue):

- Facilitating early discharges

- 25%-37% reduction in average length of stay (by 2.5-4.3 bed days)

- Stakeholder satisfaction. i.e. through patient stories which demonstrated a positive overall experience with HITH SP
RESULTS CONTINUE

- Reduction in readmissions of residents known to Speech Pathology
  - PRE HITH: 10% of residents known to SP (from our previous service to RACFs) were readmitted to CHBH with a swallow related diagnosis, requiring further SP input
  - POST HITH: Nil re-admissions
Sustainability and Scalability

- Executive commitment to ensure recurrent funding for HITH SP
- Building capacity of RACFS to care for residents through education sessions related to dysphagia and the high risk factors for aspiration pneumonia
- Liaison and networking with project partners to promote the continuation of relationships
- NSW quarterly HITH report (1.07.16-30.09.16) outlines the CHBH HITH program was the only program in the MNCLHD to have a significant increase in number of separations (38%). Unique position given HITH referrals can be directly initiated from RACF (27 in report)
RESULTS CONTINUE

- Improved Productivity and Efficiency
  - Cost saving of approximately $114,000- $255,419 (reflected by SP data and clinical coding data, based on National Weighted Activity Unit data)
  - Total saving of 83 bed days anecdotally through facilitation of early discharge, whilst ensuring optimal transition of care
RESULTS CONTINUE

- Better Teamwork and Partnerships
  - Positive partnerships with RACF, shown by high satisfaction with HITH SP service. Figure 3 below
RESULTS CONTINUE

- Better Teamwork and Partnerships
  - Engagement with GP clinics to promote HITH service and provide timely discharge summaries
  - Partnering with patients including patient stories
CURRENT PROGRESS OF THIS SERVICE

- Received recurrent funding for HITH SP and HITH RN (though awaiting recruitment for RN)
- Currently focusing on continuing to facilitate early discharges from ED, EMU and medical units especially for RACF residents, to alleviate pressure off the CHBH.
- Ongoing positive partnerships between the HITH team, inpatient units at CHBH, RACFs and GPs.
CURRENT CHALLENGES THAT FACE SPEECH PATHOLOGY IN HITH

- Nil specific guidelines for Speech Pathology in HITH

- The current HITH guidelines briefly mention allied health in HITH, however nil specific reference to each role.

- Difficult to expand service, despite the need in a rural area. This is due to the strict HITH guidelines, although keen to explore Sub Acute care as a growth opportunity.

- Currently there is nil dedicated HITH RACF RN for over a year, therefore putting increased work demands on other RNs to review SP residents in RACFs.

- CHBH has repeatedly employed locum doctors to fill HITH MO position, making it increasingly difficult to form strong partnerships with the HITH team and local GPs.
REFERENCES
